MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS (A15)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09323

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke | LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 911 Clarke Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 911 Clarke Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eleanor	Louise	Bailey	Sept 4 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Sept 1 1921	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Virginia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James W. Bailey	Lida B. Drummond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	None	James W. Bailey, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion.	15 minutes
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Embolism	15 minutes
	(c) Diabetes Mellitus.	5 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None.				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Sept. 4, 1951, that I last saw the deceased alive on Sept 4, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis S. Llewelyn, M.D.	Pocomoke City, Md.	9/6/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 6 1951	Salem ME Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 6, 1951	Anne E. White	Henry H. Watson, Pocomoke, Md.	

RECEIVED
SEP 7 1951
BUREAU V. S.

09343

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill — Rural
LENGTH OF STAY (In this place) Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill — (Rural)
STREET ADDRESS (If rural, give location) 1/4 mile of Snow Hill Route 113

3. NAME OF DECEASED (Type or Print) (First) Eunice (Middle) P. (Last) Doughty
4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 51

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 21-1915
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-Keeper
10b. KIND OF BUSINESS OR INDUSTRY Poultry Supply Co.
11. BIRTHPLACE (State or foreign country) Selva, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William E. Pettit
14. MOTHER'S MAIDEN NAME Eunice Virginia Pettit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS John Ed Doughty Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by hanging — Few minutes

974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mental illness

164a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Snow Hill (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Hung herself with a rope around her neck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Sartorius (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 9/19/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 22/51
NAME OF CEMETERY OR CREMATORY Presbyterian
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 9/22/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alay B. Commis ADDRESS Snow Hill Md

310636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09324

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 706 Walnut St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 706 Walnut St.

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) JAMES (Last) PAYNE

4. DATE OF DEATH: (Month) Sept (Day) 4, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Jan 12 1859

9. AGE last birthday: 92 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel Payne

14. MOTHER'S MAIDEN NAME: Althea Pilchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Milton Pilchard, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema. — Interval between onset and death: 1 day.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Collapse due to senility — 2 days.

434.2 95c (c) Senile. — Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to 9/4, 1951, that I last saw the deceased alive on Sept 4, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis L. Llewelyn, M.D. Pocomoke City 9/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept 6 1951

NAME OF CEMETERY OR CREMATORY: Goodwill ME Cemetery

LOCATION (City, town, or county) (State): Rural, Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Sept 6, 1951

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

VS-A15

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Item 18&21 Film G136 10-10-51 ams

09344

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Joseph	Prevail Jr.	Sept.	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Jan. 28, 1907	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager for Nursery	Nursery	Philadelphia Pa	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William J. Prevail	Mary Mc Quade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	577-07-8833	Mrs. W. J. Prevail Jr. Norbeck Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
9378	**Immediate cause**	(a) Accidental Drowning	
183	**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Ocean	Ocean City, Md.	Wor.	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
9-17-51 4.55p m.		Accidental drowning. (10-10-51 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Prevaux Jr MD Deputy Medical Examiner for Wor. Co. Ocean City, Md. Sept 17 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/20/51	St. Johns Cem.	Montgomery. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-19-51	Helen F Hayward	Anna A. Burbage	Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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SEP 24 1951
BUREAU V. S.

CERTIFICATE OF DEATH

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

Registration District No. Maryland Eastern 2

State File No.

Registered No. 10325

1. PLACE OF DEATH
a. COUNTY: Worcester
MAGISTERIAL DISTRICT:
b. CITY OR TOWN: Berlin, Rural* ☐ Inside ☒ Outside } Corporate Limits
c. HOSPITAL OR INSTITUTION: Berlin Route # 113-Md. 3mi. S. of
d. LENGTH OF STAY: Transit

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Pennsylvania
b. COUNTY:
c. CITY OR TOWN: Philadelphia ☐ Inside ☐ Outside } Corporate Limits
d. STREET ADDRESS (If rural, give mailing address): 254 N. Laurence Street

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) (N) c. (Last) SHEER

4. DATE OF DEATH: (Month) Sept. (Day) 9th., (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 17th, 1930
9. AGE (In years last birthday): 20
IF UNDER 1 YR. Months: 11 Days: 22
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Coast Guard
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Atlantic City, N.J.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Helen Keifrider Piliro

15. NAME OF HUSBAND OR WIFE OF DECEASED: Unknown
16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Service Record
ADDRESS: U.S. Coast Guard

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) 816.5 Fracture of Skull, base cerebral concussion — Instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1728 Fracture of cervicival spine
DUE TO (c) Fracture of both Femurs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Compression of thorax

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR COUNTY) (STATE): Berlin R.F.D., Worcester Maryland
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 9th, 1951 p.m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Herman A. Rabbe M.D.
23b. ADDRESS: 5 Bay St, Berlin
23c. DATE SIGNED: 9/9/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 9th, 1951
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Norfolk, Virginia

DATE REC'D BY LOCAL REG.: 9-26-51
REGISTRAR'S SIGNATURE: A. W. Hedrick

25. FUNERAL DIRECTOR'S SIGNATURE: Richardson & Foster
ADDRESS: Portsmouth, Virginia. 6729/16

Form V. S. 12—Rev. 4-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Highway #13 Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 254 N. Lawrence St.

3. NAME OF DECEASED (Type or Print) (First) Marilyn (Middle) (Last) Sheer SHEER
4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1951

5. SEX F
6. COLOR OR RACE Waite
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb. 3, 1934
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Philadelphia Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Gunning
14. MOTHER'S MAIDEN NAME Rose Donegan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS M. John Gunning 254 N. Lawrence St. Phila. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Frac of base of Scull c̄ Cerebral Concussion — 30 min.
Frac of Tibia & Fibula nt - simple
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Frac of Femur - left, lower third, simple
Frac of Pelvis, multiple contusions & abrasions
(c) Shock

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Berlin, Md, R.F.D. (COUNTY) Worcester (STATE) Md.
TIME OF INJURY (Month) Sept. (Day) 9th (Year) '51 (Hour) 3:45 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Herman C. Rohlnic (Degree or title) M.D. ADDRESS Dep. M.E. Berlin, Md DATE SIGNED 9 Aug 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/13/51
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) Philadelphia (State) Pa.

DATE REC'D BY LOCAL REG. 9-11-51
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Diane A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M I T

A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 316 Upshur St N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Carroll	Simpson	Sept.	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married	Oct. 16, 1895	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gen Manager Dairy	Dairy Business	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
W. A. Simpson.	Elizabeth Kennert.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. J.C. Simpson 316 Upshur St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Hours

420.1

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

14a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pt had passed out at work 2 weeks ago — felt was tired it was nerves.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2:30 PM Sept 11 1957 to 4 PM Sept 11, 1957, that I last saw the deceased alive on Sept 11, 1957, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Samuel J. M.D.	Ocean City, Md.	Sept 11, 57.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/13/51	CEDAR HILL	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 12-51	Helen F. Hayward	Emma D. Burbage	Berlin Md

09328

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin — LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin.
STREET ADDRESS (If rural, give location): Powellton Ave.

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Mae (Last) Simmons
4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 22, 1883
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Powellville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Richardson
14. MOTHER'S MAIDEN NAME: Nancy Littleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs. Violet Culver Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Uterus (Cervix) with general- 2 yrs

171 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ized metastasis & bilateral obstruction of

48a (c) Ureters. Obstruction of Bowel 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Degenerative Myocarditis c̄ Valvular Heart Disease 15 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 16 Sep, 1951, that I last saw the deceased alive on 16 Sep 6, 1951, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE: Herman A. Robbins (Degree or title) M.D. — ADDRESS: 5 Bay St. Berlin Md — DATE SIGNED: 17 Sep 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/18/51 — NAME OF CEMETERY OR CREMATORY: Buckingham — LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REG.: 9/18/51 — REGISTRAR'S SIGNATURE: Helen F Hayward — 24. FUNERAL DIRECTOR: Anna H. Burbage — ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

S.A.15

RECEIVED
SEP 24 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) LEE (Last) YOUNG

4. DATE OF DEATH: (Month) Sept. (Day) 29, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 27, 1951

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days 2 IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Newark, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Able Young

14. MOTHER'S MAIDEN NAME: Sarah Adkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Thelma R. Clayville, P.H.N., Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Prematurity -- Cause & type undetermined	2 days
	DUE TO		
776+ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)		
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Fred S. Waesche (DEGREE OR TITLE) MD-Co. Registrar ADDRESS Snow Hill, Md. DATE SIGNED 3/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/29/51

NAME OF CEMETERY OR CREMATORY Buried by family

LOCATION (City, town, or county) (State) Local family burying ground- Md.

DATE REC'D BY LOCAL REG. March 13, 1952

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Family ADDRESS Newark, Md.

20927/438383

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M I T

RECEIVED
MAR 17 1952
BUREAU V. S.